

THE Canadian Hospital

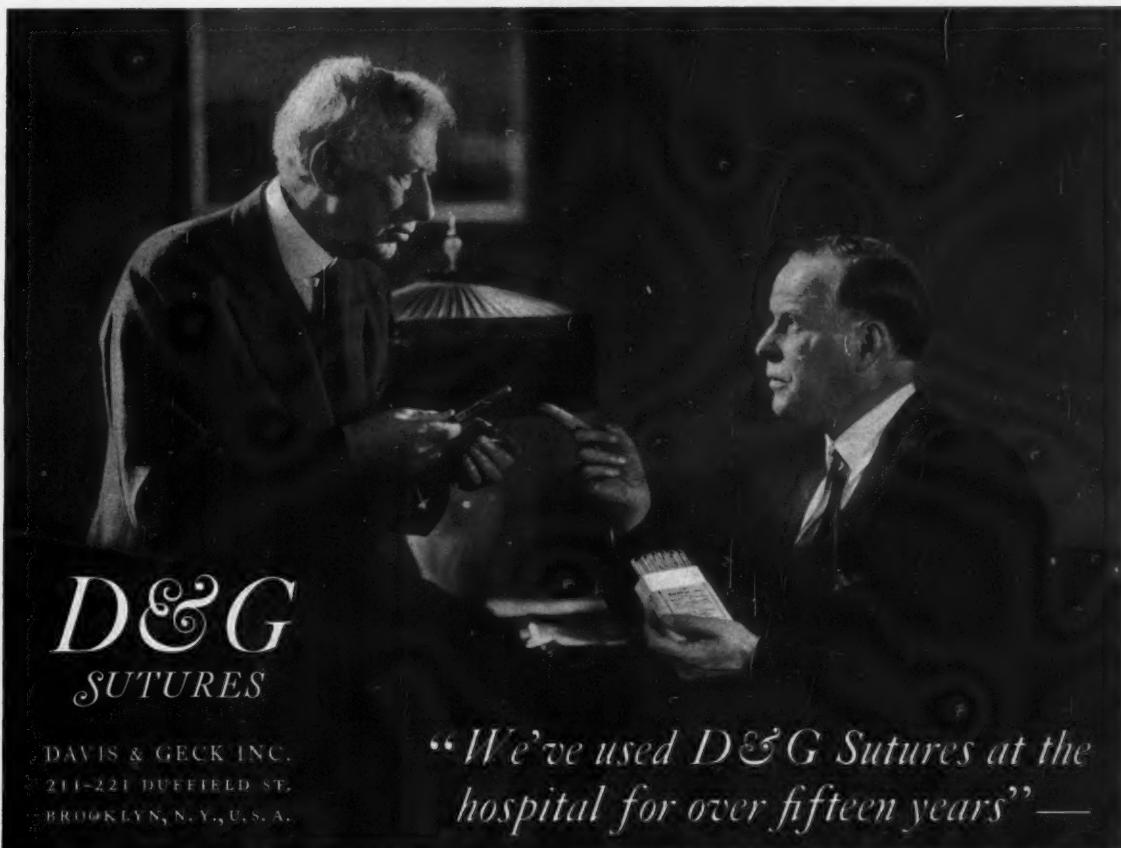
A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

March, 1925



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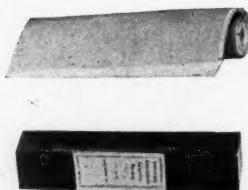
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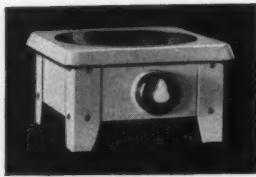
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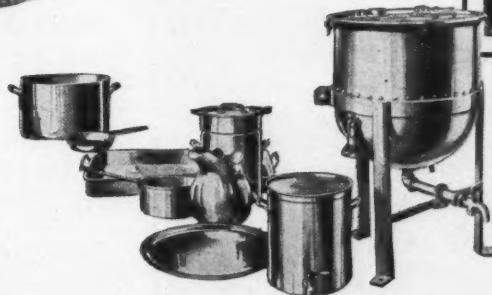
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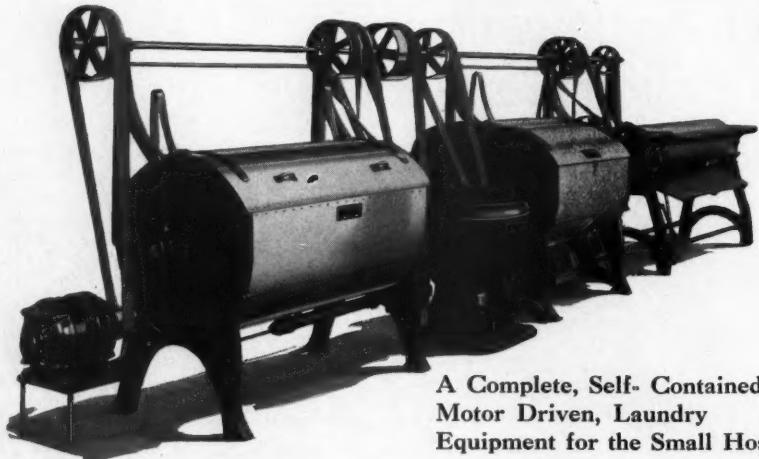
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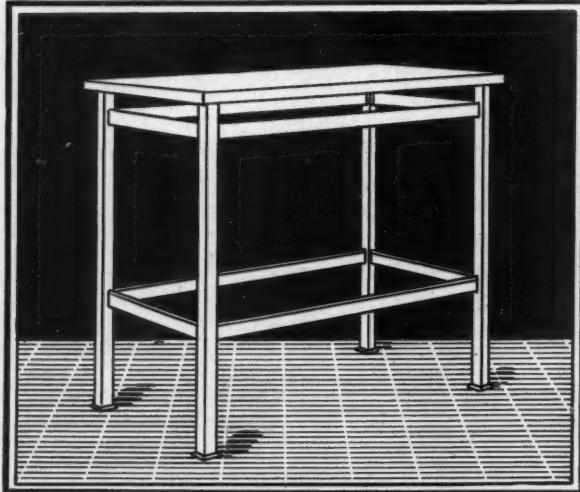
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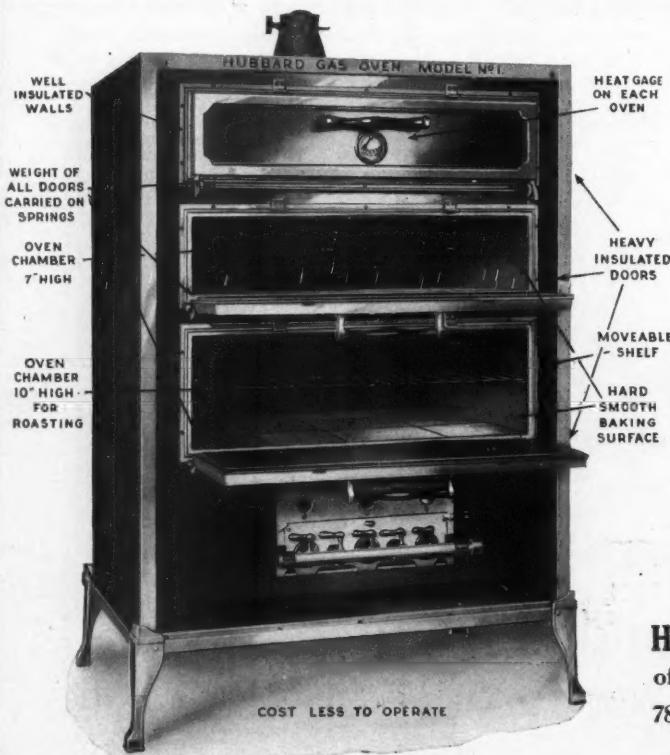
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MARCH, 1925

No. 3

Crowded Hospitals and Waiting Lists

The statement of the superintendent of the Winnipeg General hospital that the hospital is filled to capacity with patients, draws further attention to this vexing hospital problem, which is not at all confined to Winnipeg. At Montreal it is reported that the General hospital in that city is over-crowded and has a long waiting list of persons requiring treatment. The Montreal situation appears to be more serious than that at Winnipeg. Many persons there are unable to get into the hospital, which means that their ailments may be aggravated and deaths follow.

The fact that persons are unable to obtain hospital treatment when they require it indicates a serious flaw in the social system. The hospital is something more than a commercial institution; it is concerned with the safeguarding of life and not with profits. It is plain that the community must provide hospital accommodation for its citizens. It is just as important as fire protection and police protection, neither of which is left to an arrangement that may be haphazard in its results. Private hospitals, endowed hospitals, hospitals partly commercial and partly state supported, all may do good work; they may be able to retain a personal element that might be lacking in a state-owned and controlled institution. This fact remains, however, that if these institutions are unable to meet the health demands of the community the municipality must exert itself.



The Ounce of Prevention

In his inaugural address on taking office as President of the Medical Society of the County of New York, Dr. Samuel J. Kopetzky, had the following to say regarding preventive medicine:

"There is great need for the authoritative instruction of the public in the field of preventive medicine. This has rightly made a very strong ap-

peal to the imagination of the people, and it is equally the role of this Society, and of the various publicity mediums available, to see that none but the proper seeds fall upon the receptive soil of public interest.

The Medical Society of the County of New York was one of the pioneer medical organizations to recognize this; and, in conformity with the view that it is easier and better to stay well than to get well, it has instituted extensive machinery to enable the doctor to perform, and the entire public to receive, a health examination periodically.

It is our purpose to make the physician more alert to recognize early signs of disease, and to educate the public not to wait until sickness actually comes, but to look for advice, at regular intervals, on how to remain well.

Our task has been made easier by the fact that the community is becoming more and more alive to its share of the obligation in this connection; and much valuable aid is being given to our program by such lay agencies as the New York Tuberculosis Association, the Milbank Foundation, and the Committee for Health Service Among Jews."

The Medical Society of the County of New York have an extensive program outlined for this year, and hope to accomplish much good for the medical profession and the community generally, especially in the broader and less travelled paths of medical science.



Welfare Workers to the Rescue

All the resources of state were put at the disposal of those who sought to rescue Floyd Collins. Men labored for weeks at the task of saving one citizen from approaching death. The plight of the imprisoned man caught the imagination of people far and near.

Yet in every community there are men and women and little children made prisoners by disease and poverty and immorality—sentenced just as certainly to physical, mental or moral death as any Floyd Collins in his cave, unless rescuers speed their work.

It is because the victims are so many, and their plight so familiar, that they are so often left to the doom which awaits them. But fortunately they are not always left. The forces of social welfare are more active than ever before. Modern departments of public health have joined in the work and are seeking to succor those who are pinned down by the rocks of circumstance, misfortune and human frailty. Their work does not capture the imagination as do the attempts to rescue a man who has been imprisoned in a cave. It is, indeed, a humdrum and tedious task at times, with little of the spectacular about it, and no cheers to urge the rescuers on. But the results are already seen in better ways of living, healthier and happier homes, and prolonged life for those who would have perished.



Kiwanis Club is Active

An unusual means of raising money is being considered by the Edmonton Kiwanis Club, who hope to secure funds with which to erect a convalescent home for children this summer.

The scheme, as outlined by Secretary Roy W. Henry, involves the securing of several thousand dollars' worth of free goods from factories and wholesale firms, to be placed on exhibition at a special advertising show and sold at regular retail prices to patrons of the event, the proceeds thus obtained going toward the convalescent home fund.

In order that the idea may find fruition in success, it must be handled, of course, in a big way. Retail merchants will have to be induced to cooperate at least to the extent of writing personal letters to their distributing houses, pointing out the advertising value of the show and urging the contribution of free goods. Kiwanians must also be prepared to devote a maximum of time and energy to putting the show across, and for four or five months arrangements must be made.

The scheme, however, has already been tried out and proven successful in several other Canadian cities, including Vancouver, New Westminster and Regina. Vancouver took in something like \$12,000 gross and Regina \$8,000, while New Westminster cleared \$5,000 on the show they staged.

Dancing and various other attractions, with special booths for local merchants and for Edmonton manufacturers would be included in the arrangements.

The matter was discussed by several of the members, various angles being subjected to criticism or approval. Some \$4,500 is on hand for the construction of the proposed crippled children's home, but unless some such whirlwind scheme as this is carried through, erection of that building will not be possible during the present year.

Proposes Sanatoria for Treatment of Drug Addicts

Two sanitaria for the treatment of drug addicts are being urged by Dr. I. C. Hollinger, of Evansville, Ind., who states that he has been in conference with the Ontario government and other interests.

Dr. Hollinger states the Ontario government has been discussing with him the possibility of converting one of its present prison farms into an institution of the nature outlined above, where addicts could be treated according to the Indiana physician's formula, and provision for such an undertaking, he says, may be made in the estimates brought down at the comming session of the legislature.

In addition, a private syndicate, the doctor says, has been organized for the purpose of establishing a sanitarium in Toronto for drug addicts, on the theory that many sufferers would seek relief there who would not be willing to spend a term in a public institution. Dr. Hollinger would supervise the administration of this projected sanitarium.

Dr. Hollinger's method of treatment consists in a gradual reduction of the quantity of the drug allowed them, and a simultaneous administration of alteratives and nerve tonics to build up the system and repair the physical and mental ravages wrought. By this means, he declares, complete and permanent cures can be effected in virtually all cases, usually within a period of six weeks, although in the case of the proposed government hospital, he recommends a three months' term.

FAVORS "TAPERING" SYSTEM

Dr. Hollinger, who is proprietor of a sanitarium in Evansville, does not approve of the system of cutting addicts off abruptly from the drug to which they have been accustomed.

In Evansville, he states, when the Harrison anti-narcotic law came into force, many addicts died within forty-eight hours of the time that their supply was shut off. On the contrary, he declares, the "tapering off" system is effective, and both painless and non-injurious to the patient.

"For some four months past I have been in correspondence with members of the Ontario government," Dr. Hollinger stated. "They are all very anxious to get some humane treatment for the sufferers from the greatest menace in the world. The drug habit is no respecter of persons, it claims just as many persons in the higher classes as in the lower."

At the present time, the physician stated, there are some 4,000,000 estimated drug addicts in the United States.

"And the proportion per capita is about the same in Canada, which would mean four per cent. of this country's population," he commented. "I have treated many Canadians at Evansville—they have come all the way from Vancouver and Montreal."

Morphine and heroin are the drugs most in use to-day, according to Dr. Hollinger. Morphine addicts sometimes take later to cocaine, because of the temporary exhilaration which it brings them; but heroin combines to some extent the properties of the other two. Opium is eagerly sought by all addicts who have tried it, but these are comparatively few in number, because of the scarcity of the supply, and the difficulties which surround its entry into North America.

LIKELY TO CUT SUPPLY

International conferences recently concluded at Geneva, at which Canada was represented by Hon. Dr. Beland, minister of health, are likely to lead to a reduction in production of narcotic drugs, and a consequent tightening up of the supplies which will be available for peddlers. The result will probably be an advance in prices, which will work untold suffering to the poorer addicts.

"Humane treatment is an essential for such sufferers," Dr. Hollinger insisted. "For they are really invalids, rather than criminals. In few cases have they formed the habit of their own volition."

In the United States, he added, difficulty had been experienced in keeping drug peddlers even out of hospitals and cantonments where addicts were undergoing treatment. It was now planned to surround such institutions with military patrols. In Ontario, he understood, the same difficulties had not been encountered.

Dr. Hollinger, after leaving Toronto, says he will visit the other provinces of the Dominion, and hopes to see a government sanitarium for addicts established in each of them.

Health results from living in the proper way. It flows from life as a by-product of actions, responses, or conditions that are wholesome.

—Willams

Montreal General Plans To Erect Nurses' Home

The Montreal General Hospital authorities have under consideration the erection of a new nurses' home, providing accommodation for from 200 to 225 nurses, on the vacant property opposite the hospital, fronting on Dorchester street. The demands made upon the nurses' training school of recent years have been so exacting that it is necessary for the hospital to increase greatly the number of nurses in the training schools if the steadily increasing number of patients endeavoring to obtain admission to the hospital are to be handled. Dr. A. K. Haywood states the present nurses' home was built in 1898. The great expansion of work has made the need for more accommodation acute, he said. In an attempt to meet the emergency the hospital authorities have rented a house on Sherbrooke street west, where 20 nurses are at present in residence. Should it be found possible, however, to raise the necessary money, the new home will be proceeded with, without delay.

A recent week's figures show the increasing demands which are being made on the hospital. Sixty-two emergency cases were treated in the emergency department during the nights; 111 patients were admitted to the wards of the hospital, 94 were discharged and six died, a total of 211 patients going or entering during the week. Wards are filled, Dr. Haywood stated. There is a heavy waiting list of 535 public patients and 25 private or semi-private patients. With such a list it is difficult to keep an accurate check up on the number waiting for admittance, as by the time places are ready, the patient has either died or got better.

Dr. Haywood spoke of the splendid spirit of co-operation shown by all the hospitals in Montreal in taking in emergency cases where possible for which there is no room at the hospital where the patient has applied.

The Toronto General Hospital Makes Good Showing

Improvement in the financial position of the institution was shown in the financial report presented at the annual meeting of the Toronto General Hospital Board. There was a net deficit of \$10,000. which is considerably less than last year, and, as the total allowance per patient per day is less than the actual cost, this was regarded as a particularly good showing.

Superintendent Decker stated that it was one of the most encouraging years in the history of the hospital. In all departments progress was reported, and the statistics presented showed that there had been definite advance in the treatment of patients. In this regard, the report from the Burnside branch was particularly pleasing.

The board took occasion to record its appreciation of the services of the Chairman, C. S. Blackwell, who it was stated, daily gives several hours of his time to hospital business. Mr. Blackwell was re-elected Chairman, and Dr. D. Bruce Macdonald, Vice-Chairman.



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Montreal Hospitals Dependent On Private Funds

Speaking at the 80th annual meeting of the Montreal Maternity Hospital recently, Lieut.-Col. Herbert Molson, chairman of the Montreal General Hospital, said that too large a proportion of the upkeep of Montreal's hospitals had to be borne by private individuals.

The cost of maintaining the Montreal General, Royal Victoria, Western, Montreal Maternity and Children's Memorial hospitals in the ten years from 1911 to 1920 was \$7,500,000, he said. Of this amount \$3,925,000, or 52.4 per cent., came from patients, \$3,170,000, or 42.3 per cent., from private funds, and \$397,000 or 5.3 per cent., from public funds. Since 1920 however, figures had mounted.

"Montreal's hospitals care for nearly 1,000,000 people in a forty-mile radius of the city, which population is composed of 62 per cent. French-speaking, 28 per cent. English-speaking, 7 per cent. Jewish and 8 per cent. of other races.

Dr. W. W. Chipman, reporting, as obstetrics physician in chief, said that in 1924, 1,615 patients were admitted to the hospital, 69 more than in the previous year; patients confined numbered 1,408, 54 more than in 1923; patients confined and discharged well numbered 1,430, 9 more than in 1923; patients treated but not confined numbered 76, 12 less than in 1923; patients admitted post partum numbered six, one less than in 1923; patients confined and transferred to other hospitals numbered three, while two patients had died, this being five less than the figure for 1923.

The eightieth annual report of the Hospital, read by Mrs. J. B. Porter, in the absence of Mrs. A. Lucas, the honorary secretary, showed that of the 1,615 patients admitted during the year, 484 were private, 1,032 public and semi-public. With the 389 cases treated in the out-door department, this made a total of 1,905 cases, the largest number in the history of the hospital.

Officers for 1925 were elected as follows: Honorary president, Her Excellency, the Lady Byng of Vimy; president, Mrs. G. L. Cains; vice-president, Lady Holt; hon.-secretary, Mrs. A. Lucas; hon-treasurer, Mrs. W. M. Stewart.

Get New Ideas From Visit To Southern Cities

Preparation of plans for Vancouver's new \$250,000 Infectious Diseases Hospital will proceed immediately with a view to an early start on construction, Ald. F. P. Rogers, chairman of the civic board of works, announced recently on his return from California.

He was accompanied by Dr. F. C. Bell, general superintendent of the Vancouver General Hospital; J. J. Banfield of the Hospital Board; A. J. Bird, building inspector, and Dr. F. T. Underhill, M.H.O., and data were collected from large hospital centres. Dr. Bell and Dr. Underhill gathered information on administration and technique, while Ald. Rogers and Mr. Bird studied the building costs and plans.

Ald. Rogers said he was ready to move for the immediate action at the next council meeting when his report will be presented.

Oakland, San Francisco, Los Angeles and Portland were visited, and much information was given by Dr. Broderick, a Canadian, who has been recognized in the South as an authority on hospital organization.

Mr. Bird, who will be entrusted with the task of compiling the plans for the new hospital, states that he found many good ideas he intends to adopt as well as discovering from the examples in the South, what features it would be wise to reject.

Public buildings in California, he found, are built on a much more lavish and expensive scale than in Canada. The same results can be achieved here for a few hundred thousand dollars for institutions upon which the Southern state expends millions, he said. From Dr. Broderick, suggestions were gleaned regarding the economizing of space in the new hospital. Several matters of policy in connection with the administration of the hospital must be settled before the final plans can be proceeded with, pointed out Mr. Bird.

Standardization Greatly Lowers Patients Death Rate

With the contention that hospitals of today are no more like those of 1900 than the automobile is like the oxcart, and the agreement that progress is destined to continue toward uniform standards of health and hospitalization in all countries, the North Pacific section of the American College of Surgeons opened its meeting at Portland, Oregon, on January 27th.

Attention of the 100 or more surgeons from Oregon, Washington and British Columbia and the five representatives of the American College of Surgeons from the East was directed during the first day's session to professional advances.

Speakers at the first afternoon session declared that the standardized hospitals had brought the following results:

Shortening of the number of days the patient stays in the hospital; elimination of incompetent and unnecessary surgery; reduction of infections and complications; lowering materially of the hospital death rate.

"We look to the time when medical men will be largely occupied with treating well, rather than sick men," said Dr. Franklin H. Martin, of Chicago who, as director-general of the American College of Surgeons, embodying both North America and South America, has been regarded as the ranking man in his profession in the western hemisphere.

Following the afternoon session, a round-table discussion was held under direction of Dr. M. T. MacEachern of Chicago, director of hospital activities of the American College of Surgeons.

Just the Man

Landlady (to applicant for rooms)—"Might I ask what your occupation is?"

"I'm a doctor of music."

"You're just the man we want. There's a lot of bad music in this neighborhood."

Please refer to THE CANADIAN HOSPITAL when writing

DON'T STARCH

*Coats, Aprons, Caps,
Gowns, Uniforms*

SIZE!

With Satin Finish

It restores the original new appearance and imparts a heavy yet flexible body to the material.

It eliminates the cooking of starch, hand starching, extraction after starching, drying and dampening.

It only requires a washing machine, common extractor and a press to launder uniforms, aprons, etc. Use raw in the wheel.

It eliminates the stickiness of cooked starch, increases production from the washroom to the finishing department.

The Keever Starch Company

Hospital Department

Columbus, Ohio - U.S.A.



CELLUCOTTON

— REG. U. S. PAT. OFF. —

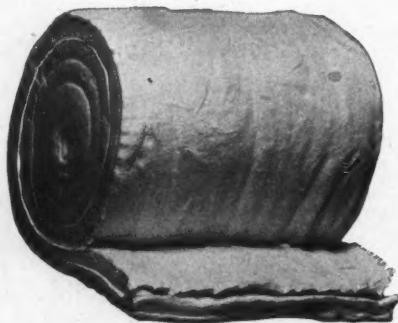
A LASTING contribution to better surgical dressings.

Since its introduction recognized as the World's Most Remarkable Absorbent.

VERSATILITY—Has a great variety of uses.

ECONOMY—Saves in material and money.

EFFICIENCY—Its rapid absorbency and active capillarity makes it doubly valuable.



A roll of Cellucotton showing the layer structure.

Exclusive Selling Agents :

**LEWIS MANUFACTURING CO.
WALPOLE, MASS.**

Represented in Canada by

Gibson, Paterson, Ltd.	Winnipeg
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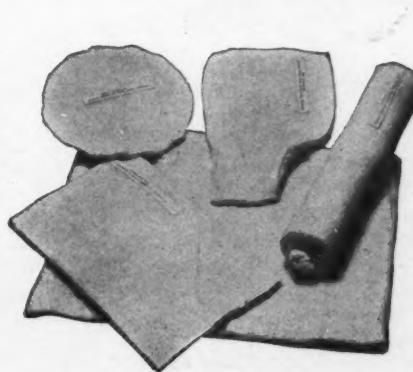
Its Versatility

CELLUCOTTON is actually used by hundreds of hospitals in the following ways:

- Cholecystectomy Pad
- Prostatectomy Pad
- Defacation Pad
- Dressings for Drainage and Pus Case, Empyema, etc.
- Ear Dressing
- Leg Dressing
- Colostomy Pad
- Bolster
- Perineal Pad
- Maternity Perineal Pad
- Obsetrical Pad
- Abdominal Pad

You should use Cellucotton in all the above cases to get full benefit of its varied uses, to insure for your hospital economy of material, economy in cost and most important, Better Surgical Dressings.

The illustration shows head dressing, ear dressing, bolster, abdominal pad and defecation pad made of Cellucotton as they appear in our Cellucotton Dressings set. This set, which contains all the above pieces, will be sent free upon request with a "Recipe Book" of directions for making.



Getting Trays to Patients Quickly is Big Factor

By Sister Mary Victory, St. Anthony's
Sanitorium, Amarillo, Texas

Our goal is one of service, and to use the best means of securing it is the duty of every hospital department. In a special manner this applies to dieties. The doctor and the nurse have their respective roles to play in bringing comfort and ease to the sick, but it falls to the dietitian to stimulate the appetite of the patient and entice him to take nourishment by the manner in which she serves the food. No matter how daintily the trays may have been prepared, if the meals are not piping hot when they reach the patient, all previous labor is in vain.

Central service, now in operation in many of the larger hospitals in the east, seems to solve this problem by giving better service to the patient. The meals are served directly to the patients from the main kitchen where the food is cooked. In order that this may be efficiently done, adequate space and equipment are requisites. The main kitchen should be centrally located. Adjoining it provision should be made for three rooms; one to be used as a diet laboratory; a second for the preparation of salads and cold dishes, and a third to be used for the setting of trays, washing of dishes, etc. In addition to the usual equipment necessary for the main kitchen, a steam table, which should be located near the range, and electrically heated food conveyances or trucks should be provided. These trucks are considered the most efficient means of transporting foodstuffs whereby the meals can be kept hot for several hours and still be palatable.

MUST GIVE INDIVIDUAL SERVICE

The dietitian must realize the fact that patients cannot be fed in regiments. It is her duty to render individual service to satisfy individual needs. She must consult the patient's taste and physiological condition, as well as the proper computation of food value necessary to speed his recovery. To facilitate this she should prepare menu cards. Each day's ration may comprise the following foods; two soups, three meats, three or four vegetables (including potatoes prepared in two ways,) two salads, two desserts, two breads, butter and a list of beverages. The advantage of having the menu to choose from is that it gives the patients an opportunity of selecting that which he desires.

These menu cards after having been distributed to the patients are collected and numbered according to the room of each patient. The various articles of food that have been checked are noted and calculated. The chef is then instructed concerning the general amount required. The different classes of food are now prepared in their respective places. The laboratory dietitian and the nurse attend to the special diets, such as salt-free diets, protein-free diets, and diabetic diets, according to the prescribed orders of the physician.

In the meantime the trays have been set, each containing the respective menu card with the num-



For Duty Or Pleasure

The Cantilever is just the shoe for nurses. The soft, luxurious leathers are easy on the foot. The natural lines follow the lines of the foot, giving a smooth glove-like fit, with no irritating pressure anywhere. The flexible arch of the shoe fits up to the arch of the foot to give gentle restful support without hampering the action of the foot. Circulation is unimpeded. There is no burning or chafing. Simply wonderful comfort and a feeling of coolness as compared with the puffy, swollen condition of feet that have been bound and restricted in unnatural shoes.

Cantilever Shoe

Cantilever shoes give thousands of nurses in hundreds of hospitals relief from tired, puffy, burning feet. They allow Nature's "cooling system" to operate efficiently by freeing the circulation and permitting the feet to keep cool, comfortable, active. In Cantilever shoes, the whole foot is free to act with the easy flexibility that Nature intends. Wrongly designed shoes impede circulation and overheat the foot.



Cantilever shoes are made in a variety of attractive styles including pretty strap pumps, trim oxfords and snug boots. Fine leathers and excellent workmanship add to their looks. If there is not a nearby dealer in the list below, write to the Toronto branch. Mail orders receive most careful attention.

Cantilever Shoe Shops

TORONTO—7½ Queen St. East.
MONTREAL—Keefer Bldg., St. Catherine St. W.
OTTAWA—Murphy-Gamble, Limited.
WINNIPEG—Hudson's Bay Company.
SASKATOON—Royal Shoe Store.
EDMONTON—Hudson's Bay Company.
CALGARY—Hudson's Bay Company.
VANCOUVER—Hudson's Bay Company.
VICTORIA—Hudson's Bay Company.

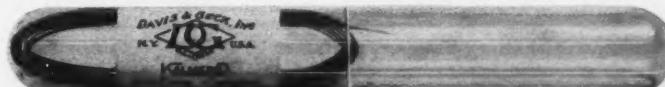
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(Continued on Page 23)



MICHELANGELO AT WORK ON HIS MASTERPIECE, THE DAVID

“Trifles make perfection, but perfection is no trifle”



Michelangelo's inspiring precept has always
been the thought behind D&G Sutures

DAVIS & GECK INC. • 211 TO 221 DUFFIELD STREET • BROOKLYN, N.Y., U.S.A.

KALMERID CATGUT: BOILABLE AND NON-BOILABLE

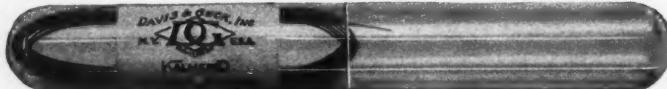


ALMERID CATGUT is an improved germicidal suture superseding iodized catgut. It is not only sterile, but, being impregnated with potassium-mercuric-iodide,—a double iodine compound,—it exerts a bactericidal action in the suture tract. Two kinds of Kalmerid catgut are prepared: the boilable and the non-boilable. The boilable grade is flexible; the non-boilable is extremely flexible.

Plain Catgut.....Boilable.....No. 1205	Plain Catgut.....Non-Boilable..No. 1405
10-Day Chromic.....Boilable.....No. 1225	10-Day Chromic..Non-Boilable..No. 1425
20-Day Chromic.....Boilable.....No. 1245	20-Day Chromic..Non-Boilable..No. 1445
40-Day Chromic.....Boilable.....No. 1285	40-Day Chromic..Non-Boilable..No. 1485

SIZES: 000.....00.....0.....1.....2.....3.....4

Each tube contains approximately sixty inches In packages of twelve tubes of one kind and size



CLAUSTRO-THERMAL CATGUT



LAUSTRO-THERMAL CATGUT is sterilized in cumol, after the tubes are sealed, at 165° centigrade—329° Fahrenheit. This of course assures absolute sterility.

Claustro-Thermal sutures are flexible and strong, of perfect absorbability, and in every way are compatible with the tissues. They are aseptic,—not germicidal.

The tubes may be boiled, or even may be autoclaved up to 30 pounds pressure.

Plain Catgut.....	No. 105
10-Day Chromic Catgut.....	No. 125
20-Day Chromic Catgut.....	No. 145
40-Day Chromic Catgut.....	No. 185

SIZES: 000...00...0...1...2...3...4

Each tube contains approximately sixty inches
In packages of twelve tubes of one kind and size

PRICE: PER DOZEN TUBES FOR ALL VARIETIES LISTED ABOVE.....\$2.40

A discount of 10 per cent is allowed on one gross or more, or \$25.92 net per gross

CARRIAGE PAID ANYWHERE IN THE WORLD

FOREIGN IMPORT DUTIES ARE EXTRA

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NON-ABSORBABLE SUTURES

HEAT STERILIZED - BOILABLE

NO.	IN EACH TUBE	UNIFIED SIZES
350..	Celluloid-Linen.....	60 Inches.....000, 00, 0
360..	Horsehair.....	6 28-In. Sutures.....00
390..	White Silkworm Gut.....	6 14-In. Sutures.....00, 0, 1
400..	Black Silkworm Gut.....	6 14-In. Sutures.....00, 0, 1
450..	White Twisted Silk.....	60 In.....000, 00, 0, 1, 2, 3
460..	Black Twisted Silk.....	60 In.....000, 0, 2
480..	White Braided Silk.....	60 In.....00, 0, 2, 4
490..	Black Braided Silk.....	60 In.....00, 0, 1, 4

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$2.40
Or \$25.92 net per gross or more; carriage paid

FOR MINOR SURGERY

HEAT STERILIZED - BOILABLE

NO.	IN EACH TUBE	UNIFIED SIZES
802..	Plain Kalmerid Catgut.....	20 In.....00, 0, 1, 2, 3
812..	10-Day Kalmerid Catgut.....	20 In.....00, 0, 1, 2, 3
822..	20-Day Kalmerid Catgut.....	20 In.....00, 0, 1, 2, 3
862..	Horsehair.....	2 28-In. Sutures.....00
872..	White Silkworm Gut.....	2 14-In. Sutures.....00
882..	White Twisted Silk.....	20 In.....000, 0, 2

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$1.20
Or \$12.96 net per gross or more; carriage paid

SUTURES WITH NEEDLES

EACH SUTURE THREADED UPON A NEEDLE
AS ILLUSTRATED BELOW

NO.	IN EACH TUBE	UNIFIED SIZES
904..	Plain Kalmerid Catgut.....	20 In.....00, 0, 1, 2, 3
914..	10-Day Kalmerid Catgut.....	20 In.....00, 0, 1, 2, 3
924..	20-Day Kalmerid Catgut.....	20 In.....00, 0, 1, 2, 3
964..	Horsehair.....	2 28-In. Sutures.....00
974..	White Silkworm Gut.....	2 14-In. Sutures.....00
984..	White Twisted Silk.....	20 In.....000, 0, 2



EMERGENCY NEEDLE
FOR SKIN, MUSCLE,
OR TENDON

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$1.80
Or \$19.44 net per gross or more; carriage paid

CIRCUMCISION SUTURES

HEAT STERILIZED - BOILABLE

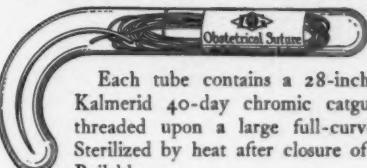

Each tube contains a 28-inch suture of Kalmerid plain catgut, size 00, threaded upon a small full-curved needle.

In packages of twelve tubes

No. 600. Per dozen tubes.....\$2.40
Or \$25.92 net per gross or more; carriage paid

OBSTETRICAL SUTURES

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



Each tube contains a 28-inch suture of Kalmerid 40-day chromic catgut, size 3, threaded upon a large full-curved needle. Sterilized by heat after closure of the tubes. Boilable.

One tube in a package

No. 650. Per tube.....\$.25

Or \$32.40 net per gross or more; carriage paid

UMBILICAL TAPE

HEAT STERILIZED - BOILABLE



Each tube contains two 12-inch ligatures of a specially woven flat tape one-eighth inch wide impregnated with potassium-mercuric-iodide

In packages of twelve tubes

No. 892. Per dozen tubes.....\$1.20

Or \$12.96 net per gross or more; carriage paid

UNIFIED SIZES

000	—————	IN CONFORMITY WITH THE LONG
00	—————	RECOGNIZED NEED FOR A UNIFIED
0	—————	SYSTEM OF SIZES, THE STANDARD
1	—————	SCALE OF CATGUT SIZES NOW
2	—————	EMBRACES ALL SUTURES, INCLUDING
3	—————	SILK, HORSEHAIR, SILKWORM
4	—————	GUT, CELLULOID-LINEN, AND KANGAROO TENDONS (ONLY THE LATTER OCCURRING IN SIZES LARGER
6	—————	THAN NUMBER FOUR).
8	—————	
16	—————	
24	—————	

THE STANDARD PACKAGE



EACH PACKAGE CONTAINS TWELVE
TUBES OF ONE KIND AND SIZE



Autoclaving D & G Sutures At 30 Pounds



DAVIS & GECK's boilable catgut is of such unique stability that it will withstand additional sterilization in an autoclave at any pressure up to 30 pounds, thereby affording the surgeon direct personal assurance of its aseptic integrity.

DAVIS & GECK INC. • 211 TO 221 DUFFIELD STREET • BROOKLYN, N.Y., U.S.A.

ber of the patient's room. At the appointed hours for serving, the food truck is brought close to the steam table, and the electrical connections made. At least 40 minutes are required for the dishes to become sufficiently heated. Two assistants then dispense the foods from the steam table to the trays. The assistant dietitian supervises and checks up the respective menus. When the 24 trays which each truck contains are completed this truck together with that which contains the salads and other cold foods are conveyed to the elevator and thence to the diet service room.

Here another assistant dietitian with necessary aids for conveying trays to the patients is in readiness. Electrical connections are again made, and the assistant dietitian sees that quick service to the patients is effected. Should a patient not be ready for his tray when it is served, it can be left in the food truck as long as necessary without the food being rendered unpalatable. This feature of the system is of paramount importance, since it relieves a situation that is often difficult to control.

After the patients have been served and the trays collected and returned to the trucks, the assistant dietitian checks up the waste, and notes whether or not the patient has partaken of sufficient nourishment. This is essential for the special diet patients, as often the food which is left has to be calculated and deducted so as to compute the amount actually consumed. In this way not only the patient receives better service, but the institution is benefited from an economical viewpoint by the prevention of waste.

CENTRAL NOURISHMENT ROOM

By reason of the fact that the budget of the dietary department is one of the largest in the hospital, greatest care should be given to its economical and efficient operation. On this account there should be proper correlation in the different phases of this department, with a view of simplifying the complex problem of giving the best service to all classes of patients with the least expenditure. Since the centralization of all preparatory service is considered the most economical, a central nourishment room furnishes another asset for the prevention of waste. This room should be located near the central kitchen so as to facilitate the obtaining of supplies. An assistant dietitian is in charge. She sees that all "between nourishments" are prepared and served to the different departments at the appointed time, according to the order prescribed. Each nurse is held responsible for the orders she gives to the dietitian, and in this way the food is accounted for that otherwise might surreptitiously disappear. A concrete instance of the economy secured by the system has been experienced in a 300-bed hospital where the central nourishment room has been in operation. In one day five gallons of milk were saved and in one week six crates of oranges.

By means of central service the patient receives the kind of food he desires; it is always piping hot even if he should not be ready to partake of it at the appointed hour; and economy is gained by centralizing all preparatory service.—From a paper read before the Catholic Hospital Association, Southern Conference, 1924.

We Know You Are Busy!

With your multifarious duties, you are too busy to spend a lot of time in personal investigation of the relative merits of many small but necessary items of maintenance equipment.

It is our business to know the articles which will give the greatest satisfaction and by consulting us you will relieve yourself of further worries and the expense of experimenting.

Our catalogue shows only the most reliable goods. Below are two items from it. A copy will be gladly sent on request.



Bull Dog Wringer Pail

Here's a big husky pail that will stand up under all sorts of hard usage and give the utmost satisfaction. It is used extensively in hospitals, hotels and office buildings and is supplied in 14 and 20 quart sizes. American measure. Our price means a saving.

Mop Wringer Janitor Size

This wringer with steel sides and front and wood back and bottom is strongly constructed for heavy duty and will be found a great help if you want quicker, better floor cleaning. Made in 3 sizes and sold at prices that will save you money.



SOCLEAN the great sweeping compound, keeps down dust, cleans, disinfects, deodorizes and kills germs. Write for samples and prices.

Soclean Limited

444 King Street West

Toronto

The Small Hospital

By W. L. Somerville, Architect

PART VII.

Although these articles are not intended to be a treatise on building construction, it may not be amiss to mention some of the things that are of particular importance in Hospital construction. One of the first questions necessary to answer after the needs of the plan have been decided upon is the type of construction. Unnecessary expenditure on expensive types of construction when only a limited amount is to be spent often results in reduction of patient accommodation or skimping in equipment. Frequently it is wiser to use less expensive construction and provide for maximum patient accommodation. Some authorities go so far as to recommend this, owing to constant advance in knowledge of medical science, resulting in changed methods of treatment, that require different building accommodation. There is a good deal of sound sense in this and much to say in favor of moderate cost of construction particularly in the smaller hospitals.

TYPES OF CONSTRUCTION

Available materials, amount of appropriation, and class of labor are possibly the three most important factors in determining the best type of con-

struction, although usually there are many minor conditions peculiar to each locality. By best type of construction is meant the most suitable for locality, and obtainable within the amount of appropriation.

Generally speaking there are three principal types, each of which may be sub-divided according to variations in detail, these may be called (a) Fire-resisting (b) Masonry and frame (c) Frame.

The first group, fire-resisting, consists of all types of so called fire-proof construction. This usually means that all bearing walls, partitions, floor slabs and in some cases roof structure is of non-burning construction. It is advisable and in most cases compulsory to use construction of this type when patients are to be placed on more than two floors. This is seldom necessary in small hospitals of this size under discussion. We will, therefore, only consider the last two groups.

Except in districts like some parts of Northern Ontario where brick is scarce and freight rates prohibitive and it might be added money is scarce, a combination of masonry and frame construction is

(Continued on page 28)



ST. MARY'S HOSPITAL, KITCHENER
WATT & BLACKWELL, ARCHITECTS

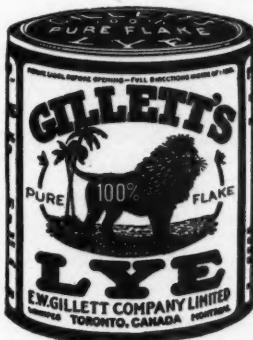
(Courtesy of "Construction")

Hospital Superintendents

should instruct their Nurses and Domestics
to use

GILLETT'S PURE FLAKE LYE

for disinfecting sinks, closets and drains. It is also ideal for the cleansing of urinals and bed pans—in fact any vessel that requires disinfecting. Gillett's Flake Lye should always be used for scrubbing hospital bath tubs and operating room floors.

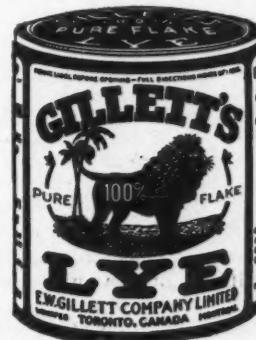


For cleansing and disinfecting, dissolve one teaspoonful of Gillett's Lye in two gallons of water. The fine crystal flakes dissolve instantly in hot or cold water.

Beware of Imitations

Made only by

E. W. GILLETT COMPANY LIMITED
TORONTO, CANADA
WINNIPEG MONTREAL



NOVAN HYPODERMIC SYRINGES

Absolutely guaranteed to retain their marking when boiled or sterilized in any solution. Also fit any standard make of needles.

In carton box with one needle.

2 c.c.,	per dozen,	\$ 4.90
5 c.c.,	"	7.70
10 c.c.,	"	10.00
20 c.c.,	"	13.00
50 c.c.,	"	21.70
100 c.c.,	"	32.00

In metal case with two needles.

2 c.c.,	per dozen,	\$ 7.50
5 c.c.,	"	13.30
10 c.c.,	"	16.50
20 c.c.,	"	25.00
50 c.c.,	"	40.00
100 c.c.,	"	60.00

Discount of 10% on 3 dozen assorted quantity.

Discount of 15% on 6 dozen assorted quantity.

Discount of 20% on 12 dozen assorted quantity.

HYPODERMIC NEEDLES, in all gauges and lengths at 85c, 95c, \$1.00 a dozen.
Same discounts as syringes applying on quantities.

HERDT & CHARTON, INC.

MONTREAL: 55 McGill College Ave.

TORONTO: 58 East Wellington St.

News of Hospitals and Staffs

Condensed News of Hospital Activities from Coast to Coast

Victoria

St. Joseph's To Extend

For a considerable time efforts have been made to extend the maternity accommodation at St. Joseph's hospital, Victoria, and this subject is now before the managing board.

It is also proposed to erect a separate building on the land of the hospital for tubercular cases, removed from the main institution, to enable the tubercular patients to be separate, and to have the open air treatment.

The present maternity ward has accommodation for about sixteen patients, and more accommodation is urgently needed.

The improvements contemplated will be the largest building programme since 1908, when the Humboldt Street frontage was added, raising St. Joseph's to the standard of a 150 bed hospital. That was the second extensive building addition since the hospital was established half a century ago.

Internally, in order to sustain the high character of the Class A of the American Hospitals Association classification, steady improvements have been made by the hospital authorities and the B.C. Government has recognized it as a public hospital with representation on its board. Last year it was formally recognized by the city authorities, who have an arrangement now for the care of indigents.

Truro, N.S.

To Start Hospital in Spring

At a meeting of the Colechester Hospital Trust it was decided to acquire the Fernhill property, Willow street, as a site for their new hospital.

The Hospital Trust will acquire the Fernhill property by trading in the present hospital property on Prince Street and paying four thousand dollars in cash. Deeds are to be exchanged at once and each party will rent the other's property till the new hospital is ready for occupancy.

Plans for the new hospital are to be obtained as soon as possible. It is expected that building will start in the early spring.

Winnipeg

Miss Bond New Superintendent

The official transfer of Grace Hospital by Brigadier Louise Payne, former superintendent to Staff-Captain Lily Bond, took place on February 4th. Brigadier Payne has entered a well earned rest from duty, after turning in her final report the evening before. She has been connected with the hospital for many years. Original arrangements had been that the transfer should have been made at the end of January, but the press of routine business carried the transfer over for another four days.

Montreal

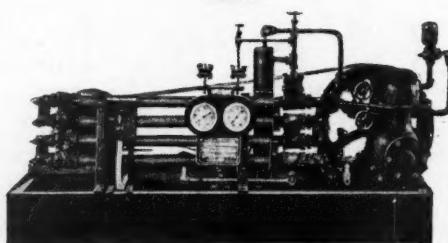
New Hospital for Mothers

The Catherine Booth Mothers' Hospital, at 300 Walkley Avenue, Notre Dame de Grace, was opened on February 4th, with fitting ceremony. Sir Arthur Currie, Principal of McGill University, and Mayor Duquette performed the opening function, assisted by Mrs. J. M. C. Muir, regent of the Municipal Chapter, I.O.D.E., and the Rev. W. O. Reid.

The new hospital contains 45 beds, and is a thoroughly up-to-date institution. It will take the place of the hospital in Outremont, which has been in operation since 1911. This hospital will close as an institution, but may be reopened as a children's hospital.

There will be no charge at the hospital. Rich and poor will be taken and cared for, and mothers, both married and single, will be admitted.

The renovation work on the building has just been completed by John McGregor, and many prominent citizens of Montreal, as well as public service organizations and companies, have furnished rooms in the building.



Most Canadian Hospitals using
Mechanical Refrigeration

Have

"YORK"
ICE MACHINES

"The Best Made"

Let us send you the names of those nearest you

Canadian Ice Machine Co., Ltd.

TORONTO

Montreal

Winnipeg

Vancouver

Montreal**Sister M. Fafard Dead**

Sister M. Fafard, nee Toupin, superintendent of nurses at the Notre Dame Hospital, and president of the University Graduates' Association, died at the hospital after a short illness on February 3rd. Sister Fafard, who was well-known throughout Canada and the United States in medical and nursing circles, suffered a syncope and died a short time later despite the efforts of the hospital doctors and attendants to save her life. Sister Fafard was born 45 years ago at St. Cuthbert, Que.

She had been quite ill a year ago and had recovered, though lately she suffered from grippe. She was a member of the Association of Registered Nurses of the Province of Quebec, and was well-known to most of the local English-speaking nurses. She was also one of the directors of the University of Montreal Nurses' classes. She had been superintendent of nurses at the Notre Dame Hospital for five years, and had spent many years in most of the other hospitals operated by the Grey Nuns at Toledo, Ohio, and in the west, holding responsible positions in each institution. She was particularly active last summer in the difficult task of moving patients and furniture from the old Notre Dame street east building to the present site on Sherbrooke street east. Her loss is keenly felt at the Notre Dame Hospital, where all the officials and members of the staff expressed their deep sorrow.

Vermilion, Alta.**Municipal Hospital Has Balance**

The Vermilion Municipal Hospital on its year's operations showed a surplus of nearly \$5,500. The balance of its assets over its liabilities amount to over \$28,000. The number of patients admitted during the year were 298, the number of hospital days being 4,322. There were 58 births, 10 deaths and 72 operations. The average cost per day for maintenance was \$3.02.

Guelph**Dr. H. Clare Appointed to Homewood**

The directors of Homewood Sanatorium at Guelph, Ont., announce the appointment of Dr. Harvey Clare, M.D., as superintendent, in succession to Dr. C. B. Farrar, appointed director of Reception hospital in Toronto. Dr. Clare, who had a distinguished career at the University of Toronto, brings to his duties at Homewood a most valuable experience as a psychiatrist, extending over 24 years. He has filled the position of medical officer in the leading mental hospital in this country, was a medical director for five years of the Toronto Reception hospital, and also had charge of all medical work in the mental hospital of Ontario for the provincial government.

For the past 14 years he has been lecturer on mental diseases at the University of Toronto, and for about five years was consultant to the Soldier's Civil Re-Establishment, Toronto district. For the past five years he has been in charge of the Hospital for Insane at Queen Street West, Toronto. He is recognized as an expert in giving mental evidence in the courts of Ontario.

Dr. Clare took over his new duties on February 1st.

Please refer to THE CANADIAN HOSPITAL when writing

Walk-Over



There Was A Young Nurse Who Wore An Old Shoe---

But that was a long time ago. She wore an old shoe because she thought she couldn't find a new shoe that would be comfortable. Now she wears the Relief, the Walk-Over shoe with the extra-wide tread, the narrower than usual heel—a combination that makes it as comfortable as a prayer meeting and as smart as a bridge party.

It is made only by Walk-Over and sold only at the Walk-Over Store.

The Relief is sold in Oxfords, Slippers or Boots. Measuring charts sent on request.



Walk-Over
BOOT SHOP
290 Yonge Street
TORONTO

The Prevention of Fires in Hospitals

By George F. Lewis,
Deputy Fire Marshall of Ontario.

In the hospital the first consideration should be the prevention of fire, and general provision for the safety of life should a fire unfortunately occur. Adequate fire escapes, preferably in the nature of smokeless tower stairways, should be provided. Wings should be cut off from the main portion of the building by fire walls, and automatically closing fire doors; where it is necessary to let daylight in, light wired glass should be used so as to retard the spread of fire as much as possible and at the same time make it easy to move bedridden patients from the burning area to a place of safety. Vertical openings should be fire stopped or "cut off" from the main structure.

Clothes and dirt chutes are a menace in the hospital building. If constructed of wood they provide a quick means of spreading fire. If chutes must be maintained build them of fire resistive material.

Paints, volatile oils, kindling and anything that will make a quick fire should be stored in a building away from the main structure and never in the hospital basement.

All fires are small when they start, but no time should be wasted in turning in an alarm to the City Fire Brigade. Fire is greedy and is no respecter of persons. Under favorable conditions it will create itself—it will start of its own accord from the heating of material known as "spontaneous ignition." Usually, however, fire is the result of a human agency—augmented by carelessness, ignorance and indifference, or, in its lowest conception in the destruction of life and property by criminal negligence and design.

Fire is a chemical reaction between the elements oxygen and any other material that is combustible. Oxygen is a gas which has neither color nor taste. It is present in the air to the extent of 21%. Although incombustible in itself it is the chief supporter of combustion, or, putting it in other words, it causes other things to burn. If oxygen and a combustible material were the only requisites, a fire would result every time these two would come into contact with each other. We know from experience that such is not the case, therefore a third condition is necessary before combustion can be produced. This condition is known as kindling temperature. Energy must be supplied to the elements in the form of heat before they will react. The conditions, therefore, necessary for combustion are:

- Combustible material.
- A supporter of combustion.
- Kindling temperature.

Conversely, in order to quench a fire, you must either exclude the oxygen, or cool the material down below its burning point, or both.

In the case of nearly all materials the oxygen necessary to support combustion is obtained from the air, and if the supply of air is cut off, by blanketing the burning material through the gas generated from a chemical fire extinguisher the fire will be quickly extinguished, especially if the fire is in a confined space.

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If a fire has gained considerable headway and generated a large amount of heat, the temperature will have to be reduced by drowning the fire out with water. A small amount of water thrown on a very hot fire adds to, rather than stops, its progress. In such a case the water becomes vaporized—and its constituent parts—oxygen, supports combustion—and—hydrogen, burns.

There is at least one very dangerous material which has been largely used in hospitals that contains in itself sufficient oxygen to support combustion, and that is Nitro-cellulose X-Ray Film. Several serious fires and explosions have occurred in hospitals through its use. Happily this hazard can now be entirely eliminated by the use of acetate-cellulose or Safety X-Ray Film; and authorities should not permit the use of nitro-cellulose X-Ray film or its storage in hospital buildings. It is an unnecessary menace to the lives of the patients and to the safety of the fabric.

One of the peculiar characteristics of nitro-cellulose is that of decomposition, or flameless combustion, at a relatively low temperature, so that besides being inflammable the gases of decomposition are explosive, although in a physical sense nitro-cellulose film is not an explosive.

Two general conditions have been observed in practically all the film fires that have occurred; with inadequate or insufficient ventilation gas explosions take place. With proper ventilation or an opportunity for the gases to get to the outer air, the vault or receptacle containing the decomposing film becomes practically a gas generator and evolves large volumes of combustible gas which will ignite of its own accord, and burn with an extremely hot and vicious flame.

Cleanliness, Order and Carefulness are primary requisites in the precautionary measures which should be adopted to prevent fire. Accumulations of rubbish, litter, boxes, old papers and general disorder are the most potent breeders of fire. Not only is an unnecessary hazard maintained through such conditions, but valuable room is taken up which might be utilized to good advantage, and at the same time allow greater breathing space to make the premises more healthy, inviting and attractive.

In planning for the proper protection of a building so as to adequately equip it for fire fighting purposes it is well to use the fire pail as a unit. Allow 2 pails to every 1,000 square feet of floor space as a minimum, and figure that a $2\frac{1}{2}$ gallon chemical fire extinguisher is equal to 6 pails of water. Where water barrels, pails, or hand pump extinguishers are located in buildings subject to freezing temperatures, calcium chloride should be used to prevent freezing. In addition to having chemical fire extinguishers properly located, it is well to have fire buckets filled with water, located in convenient places. For efficient work add $\frac{1}{2}$ to $\frac{3}{4}$ pound of bi-carbonate of soda to each gallon of water in fire pails and casks—as bi-carbonate of soda is a fire killer.

Carefulness and Forethought cost little and will mean much in the Prevention of Fire in your hospital building.

Nature is always consistent.—Emerson.

The Influence of Heat in Wash Wheel Reaction

The application of heat to wash liquors as used in the Laundry Wash Wheel has both its good and ill effects. The good effects surpass their opposites in importance to such an extent that hot water washing has been universally accepted, and yet few people give the "whys and wherefores" of this practice more than casual thought.

Heat may be employed either in the form of steam, hot water, or both. Hot water is the best general method, as there is a tendency for steam to set stains. Overall wheels are frequently equipped with steam connections so that a boil may be given if desired.

Few people appreciate the importance and value of water as a cheap and efficient washing medium. Its great solvent powers and stable chemical composition (pure water) under different conditions contribute to its inestimable value.

There are many classes of dirt which are soluble in plain water. These include sugar in its various forms, prepared starch, certain portions of soil, some fruit juices, medicines, etc. In most cases their solubility in water is increased in warm or hot temperatures. Any insoluble dirt which is bound to the fabric by sticky (sugar) dirt is thus freed for removal by other means.

In the washing process there are many chemical reactions or combinations between dirt and the detergents used. Chief among these is the neutralization of dirt which is acid in character. Greases, for instance, always contain a certain amount of fatty acid. The heat of cooking generally increases the amount present, and during the summer months the amount of fatty acid frequently amounts to 18% of the total grease present. Furthermore, much of this fatty acid is solid material at ordinary temperatures. In the wash wheel the heated liquor causes these solid fatty acids to melt and "flow," in which condition they quickly combine with the alkali present to form soap.

In some cases, were it not for the fact that good hot water was employed, it would be quite impossible to get the desired amount of soap into the solution. The application of heat greatly increases the solubility of soap in water, as we have all observed in the operation of the "soap tank." Even the low concentrations employed in the wheel would produce a solution too jelly-like and viscous for effective cleansing if we tried to wash at room temperature.

It might be said at this point, however, that prolonged cooking of soap in the soap tank promotes decomposition and "kills" the soap to some extent. Although not pronounced in effect, it is an additional point in favor of the use of materials in dry form.

HEAT STIMULATES EMULSIFICATION

One of the most important physical actions in the washing process is that of emulsification. This action is quite dependent upon the surface tension of the solution. A low surface tension is most desirable and in the case of liquid or solutions, such as soap solution, the tension decreases with the rise in temperature until the boiling point is reached. Hot water in agitation is, therefore, a better emulsifying medium than cold water in agitation.

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The hot water emulsion should, however, be discharged from the wheel while hot. If an emulsion of this kind should be permitted to cool off or be chilled by the introduction of cold water, the emulsion would very likely "break," the oil and grease being deposited in the goods again. In laundry practice, the hot suds operation is followed by a HOT rinse for this very reason. This practice was adopted because it "worked better" and perhaps many have never stopped to wonder "why."

Another issue to contend with at this point is the possibility of closing the pores of the fabric in the presence of much loosened dirt. Most of the dirt should be removed before the load is allowed to cool off.

WHEN HIGH TEMPERATURE IS UNWISE

ON ALBUMIN—As stated above, heat has its uses and abuses in the wash wheel. For instance, there is always a certain amount of albuminous dirt present in the goods. These substances have the property of coagulating at temperatures above 120° F., and this of course should not be allowed to take place in the fibres. A wise precaution, therefore, is to keep the temperature below this point during the early operations, or until the albumins have been removed by solvent action in the alkaline bath. Temperature of 90° is perfectly satisfactory for the first bath or "break," and in fact is to be recommended whenever detergent materials are used at this point.

ON WOOL—Temperatures above 120° F. induce felting and compactness in woolen fabrics. Silk will stand a slightly higher temperature than wool, but both classes should be separated from the cotton and linen and washed at the lower temperatures.

ON SOAP—Temperatures above 180° F. frequently induce excessive hydrolysis or decomposition of the soap. This action is usually indicated by the suds "falling." The possibility of soap decomposition may be precluded to a certain extent by the use of a safe alkaline stabilizer which exerts a protective influence on soap. Especially is this good practice in the hot rinse after suds. Care should be exercised to select a detergent in which the alkali is perfectly controlled.

The effect of heat on modified sodas should be noted. These sodas contain sodium bicarbonate as a modifying agent. Heat, as used in the soap tank or wash wheel, rapidly decomposes bicarbonate, with the formation of soda ash. The modifying action of these sodas is, therefore, largely lost through the effect of heat; and especially in the soap tank where heating is prolonged.

The remedy lies in the use of a stable alkaline detergent in which the controlling element is not destroyed by heat.

ON COLOR—Colors, always a bane to the launderer, are subject to some decomposition at the higher temperatures. Moderate temperatures and careful selection of the alkaline soap stimulant are advised. All our mineral detergents carry in their composition colloidal mordants, which will prevent or diminish the tendency of certain colors to bleed.

THE CAUSE OF SOAP SPECKS

We mention the use of a hot rinse to follow the last suds. This rinse should not be hotter than the load itself. Considerable soap remains in the goods at this stage, and a large volume of very hot water

will tend to decompose and dilute the soap to such an extent that considerable of the fatty acid constituent of the soap will be deposited in the goods as "soap specks" or "grease specks." The use of a small amount of mineral detergent in this first rinse will prevent the decomposition of the soap and eliminate the danger of speck formation.

There are some differences of opinion in regard to the effect of heat on bleach. However, carefully conducted experiments have shown that good results are obtained at temperatures between 120° F. and 160° F., in 5 minutes. These tests showed that at 160° F. bleaching for three minutes gave results which required 5 minutes at 120° F., and 10 minutes at 60° F. The loss of chlorine and oxygen to the air at 160° F., was found to be insignificant.

SUMMARY

To sum this discussion up, we should note that heat is indispensable for good washing, but it must be used judiciously and to best advantage. It can be stated with all confidence that about half the troubles experienced in washing are due to unwise procedure with respect to heat.

Temperatures exceeding 160° F are not advisable in the presence of soap. Wool and silk should be washed at about 120° F.; colors at about 130° F.; unless in connection with a color-protection detergent; albumins should be removed below 120° F.; hot rinsing should be done at the temperature of the load at that point.

Use a thermometer to familiarize yourself with the "feeling" of temperatures required. Guessing is dangerous and inefficient in deriving proper action from materials.—The Electric Smelting & Aluminum Co.

Live Steam Kills Vermin

The North American Restaurant, Chicago, which seats 1,000 people, is employing a new method of banishing vermin of every sort from the kitchen, pantries, store-rooms and service counters. The manager reports that he uses the live steam the same as that generated for the kitchen for destroying the vermin.

The method employed is somewhat as follows: Every forty feet there is attached a hose that reaches every inch of space in the establishment with the cure. The hose is about two inches in diameter. At the far end of it is a nozzle about two feet long and with a handle about half way on the nozzle so that it can be handled without scalding the user. The steam is applied quickly in all corners, cracks, and crevices wherever vermin or eggs may be lodged. It is equally effective in killing rats and mice as roaches, ants, and the like.

"I have been paying \$40 a month," said the proprietor, "for exterminator expense. A man comes frequently to rid the place with a powder or whatever way they have of doing it; but from the continual receipt of things that bring vermin to a place, the roaches and other insects breed very quickly after they are supposed to be cleaned out. Now, with the steam, the work is done by ourselves, and we are absolutely free of vermin in the North American Restaurant and its working department."

—The Hotel Monthly.

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"Fighting Doc" Savage Plans New Institution

Dr. A. J. Barker Savage—"the Fighting Doc"—who helped to found and was for many years the superintendent of the Broad Street Hospital, New York, is now one of the leaders in the projected establishment of a unique institution on Cranleigh street of that metropolis.

The colorful career of the medical pugilist has been brought once again before the public in connection with his efforts toward foundation of a hospital which will have as its aim the bringing of the latest science and specialized knowledge within the reach of the middle class people at a price which they can afford to pay.

Dr. Savage was once the welterweight champion of Canada. When he landed in Grand Central Station from Montreal, he had five dollars in his pocket and packed a hefty left. The hands which he used in work of mercy as an unpaid interne in the Post-Graduate hospital in daytime, were used nights to pound fellow pugs in various boxing clubs about town and to collect for the young doctor enough money to continue his studies.

Long ago the imaginative and determined interne visioned a hospital to serve the financial district, but it was many years before he was successful in driving this idea into the heads of capitalists. Finally an institution worth a million and a half stood at the foot of Broad street and Dr. Savage was its superintendent. Lately the hospital was taken over by the Masonic Order of New York City.

And now Dr. Savage, backed by financiers and medical men of note is well on the way to realization of another victory.

Illness Absentees

Dr. Arthur B. Emmons, Harvard Research man, after conducting an investigation in offices and stores finds that 40% of the absentees remain away from work because of colds.

Common drinking glasses, soap-bars and towels undoubtedly lend themselves to the creation and dissemination of disease.

The "sickness hazard" is one of the executive's important problems whether in factory, office or institution and those who leave no stone unturned that will safeguard the health of their staffs are amply repaid by a marked diminution of the "absent through illness" roster.

Liquid Toilet Soaps, Paper Drinking Cups and Paper Towels can now be obtained from Canadian companies at very reasonable prices, and their value in eliminating and reducing the carriage of disease is unquestioned.

Victoria

Sell Valuable Lot for \$1000.

Lot 340, Humboldt Street, Victoria, will be offered to the Sisters of St. Ann for the sum of \$1,000, the City Council has decided. The Sisters of St. Ann asked the city for the grant of the lot in question to augment the property on which it is proposed to build \$250,000 improvements to St. Joseph's Hospital.

RECENT BOOKS

MANUAL FOR DIABETICS

By GLADYS L. BOYD, M.D., Director of Diabetic Clinic, Hospital for Sick Children, Toronto; and MARION D. STALSMITH, Dietitian to the Diabetic Clinic, same Hospital.

A medical work, written in plain English, that will be of untold value to diabetics and those in charge of their care.

It explains, in simple, everyday language, the origin and symptoms of diabetes, gives explicit directions for its treatment with selected food and the newly-discovered insulin, and contains warnings against delay in treatment and the complications that delay may bring.

It contains important tables of food values, food recipes, and menus for the diabetic's daily diet. Under the care of a physician and the treatment outlined in this book, there is every possibility of a cure for the diabetic patient.

"Manual for Diabetics" may well be recommended by physicians to their diabetic patients," says Dr. F. G. Banting, the discoverer of insulin, in his introduction to the book. Price \$1.50. McClelland & Stewart, Limited, Toronto.

DIABETIC DIET

BY A. DORIS McHENRY AND MARJORIE M. COOPER. With an introduction by J. A. Gilchrist, B.A., M.B., and F. G. Banting, M.C., M.N., M.R.C.S., F.R.C.P., M.D., D.Sc., LL.D.

The purpose of this book, which has the enthusiastic endorsement of Dr. F. G. Banting, discoverer of the Insulin treatment, is to present to the diabetic in the simplest form the information which will enable him to understand his disease from the standpoint of diet, and which will aid him in carrying out the necessary restrictions in diet prescribed by his physician. The problem confronting all diabetic patients is the necessity for a rigid adherence to a carefully weighed and prepared diet, and at the same time to obtain a sufficient variety in food to prevent the dietary restrictions from becoming irksome. The use of Insulin is a safe and satisfactory procedure only when co-ordinated with strict dietetic supervision.

There are general chapters on the composition and value of food and on the particular dietary requirements of diabetic patients, with sample menus and a large number of practical tested recipes with food values. Price \$1.50 net. Musson Book Co., Ltd., Toronto.

Winnipeg

Aid for Nurses' Home

The provincial government is prepared to pay one-tenth the cost of the Nurses' home of the Winnipeg General hospital, but cannot commit itself to the practice of meeting the deficit of any institution however worthy, Premier John Bracken stated recently, outlining the cabinet's policy in respect to recent requests from the hospital board of the General hospital.

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TORONTO

To Build Hygiene School In Toronto

Work on the first school of hygiene in Canada will be started as soon as any real signs of spring weather are shown. The building will be situated just north of College Street, adjacent to the old University Y. M. C. A., and it is estimated, will cost \$400,000.

To provide the building and endow the school the Rockefeller Foundation has pledged \$650,000 to the governors of the university. Negotiations with the Foundation have been completed and plans are now being prepared for what will be one of the finest structures added to the university in recent years.

Prof. J. G. Fitzgerald, director of the Connaught Laboratories, will be in charge of the school, after its completion, which will include the departments of hygiene, public health, nursing and Connaught Laboratories. It is expected that the insulin and anti-toxin departments will be merged which will constitute a public service section of the school.

It is also planned to provide additional fellowships in connection with the departments.

The high reputation of the civic department under Dr. Hastings and the provincial department under Dr. McCullough along with the close co-operation of both departments with the Connaught Laboratories has much to do with the selection of the University of Toronto by the Rockefeller Foundation. The Foundation insists on actual experience being provided under expert guidance in practical work. Nowhere in Canada, it is claimed, could

the practical experience be gained under such ideal conditions as those which exist in Toronto.

While a partial public health program has been included in the curriculum of many medical schools in Britain, several in the United States and one or two in Canada, no institution has had the resources to provide a well rounded course with satisfactory equipment and an adequate, specialized staff.

To meet the growing demand for proper public health training the Rockefeller Foundation endowed schools of hygiene and public health at Johns Hopkins University, Harvard University, London, England; Prague, Warsaw and is now doing the same in Toronto.

Weston, Ont.

Hospital Installs Water Softener

A contract for the installation of a Water Softener at The Toronto Hospital for Consumptives has been awarded to The Refinite Co., of Canada, Limited. The soft water will be used in the boilers, hot water system and laundry. The officials upon investigation have found that a water softening installation pays for itself in about a year in savings of linen, fuel and laundry supplies. The plant will have a capacity of 65,000 gallons every 24 hours.

Strathroy, Ont.

Nurses Graduate

The annual graduation and birthday party of the Strathroy hospital was held in St. Andrew's church on February 10th. The graduating class from the training school is composed of Miss Gladys Griffiths, Miss Ruth Runnals, Miss Edith Emmons and Miss Henrietta Kerr.

For The Hospital Floor— ELASTICA FLOOR FINISH



Because Hospital floors are subjected to such severe usage they must, of necessity, be finished with a long-wearing and easy-to-clean floor varnish.

Elastica Floor Finish possesses every quality of the ideal finish for the Hospital floor. It is a good-looking and extremely durable varnish that will stand up under the most severe wear and tear. Semi-gloss effects are obtainable without the labor and expense of rubbing.

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Personnel of a 60-Bed Hospital

By Miss Lillian M. Gowdy, Superintendent, Good Samaritan Hospital, Sandusky, O.

The personnel of a small hospital must of necessity vary, according to forms of illness treated, the arrangement of the buildings, and the labor saving devices used.

The hospital described here is probably typical of thousands which are found in small cities and towns throughout the country, and which render very real service to the community.

It is a 60-bed general hospital, accredited and approved by the American College of Surgeons. It is equipped for the care of medical, surgical and obstetrical cases. There also is an isolation department so arranged that it can be operated almost independently of the rest of the hospital. Of the 63 beds, 18 are private, 13 wards, 15 semi-private, 5 children 10 infants, 2 isolation.

The daily average of patients is 45.

There is an organized attending staff of 30 physicians, all of whom are members of the county medical society. There are no interns.

For the safe conduct of this institution the following personnel has been found necessary.

Professional Department, 39

Superintendent of hospital.....	1
Principal of nurses' school.....	1
Night supervisor.....	1
Operating room supervisor.....	1
First floor supervisor.....	1
Second floor supervisor.....	1
Student nurses.....	31

(Of which 11 are probationers.)

Laboratory technician.....	1
Dietitian	1

Domestic Personnel, 16

Housekeeper	1
Cook	1
Kitchen girls.....	3
Diet kitchen maid.....	1
Cleaner for nurses' homes.....	1
Laundry	3
(I washer, 1 mangle, 1 press machine and hand ironer.)	
Male orderly.....	1
Janitors	3
Licensed engineers (1 summer; 2 winter)	2

Office Personnel, 2

Bookkeeper and office clerk.....	1
Telephone operator.....	1

This is a total of 57 full time employees.

The average monthly payroll is \$2,800.

The daily patient per capita cost was \$4.46 for the last six months.

For the year 1923, the daily patient per capita cost was \$4.71.

The above statement of personnel does not include the radiologist who has entire charge of the X-ray department and receives one-third of all charges made, the hospital furnishing equipment and supplies.

A pathologist supervises the work of the laboratory, and diagnoses all tissues.

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—then wait in terrified suspense for minutes that seem like hours, until the firemen come. They may come too late. If your hospital is equipped with Montgomery Hose Reels, precious minutes are not wasted. They work instantly—no chance of hose becoming tangled in the confusion or being rotted when most needed.

The leading Architects specify Montgomery Hose Reels for the best buildings and you can have them installed at small cost.

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B. H. MONTGOMERY Hose Reel Company

75 Dundas Street East

Toronto

A massage teacher comes for a few visits during the winter.

No Strict Division

As in all small hospitals the duties cannot be sharply defined, and it is necessary to assign additional work to each department. The operating room supervisor assists with the teaching of the student nurses; she is responsible for the writing of all operative records, and makes daily rounds through the hospital when the superintendent is unable to do so.

The laboratory technician dispenses the drugs from the pharmacy and is also historian, the Bellevue nomenclature being used.

The housekeeper has charge of the sewing room and the laundry. She also buys dairy supplies and the green vegetables.

One of the laundresses, being an excellent cook, substitutes for the regular cook when she is off duty, and so on indefinitely, with the general division of work.

The number of student nurses may seem out of proportion to the number of patients, but the 8-hour schedule is rigidly followed. A six months' affiliation with a large general hospital twice each year, deprives us of five students at a time. A full month's vacation each year and four months of probation all tend to lessen the number of nurses actually on duty.

Planning New Hospital for Baffin Island

Plans for building a hospital and stationing a resident doctor on Baffin Island are being developed by the Federal Government. F. Henderson told an audience at the thirty-third annual meeting of the Ontario Land Surveyors. If the plans come to fruition the hospital will be built on the bleak Arctic island next summer. Mr. Henderson was the head of the Federal expedition to the Arctic islands of Canada last summer, and he gave an interesting address, illustrated by motion pictures and slides. He essayed to show what was being done by the Federal authorities to develop the far Northern islands of Canada, which, he said, had hitherto been so badly neglected.

The islands of the Arctic archipelago, he explained, had been claimed by England by right of discovery in 1882, and subsequently handed over to Canada by Order-in-Council. He reviewed the early explorations, and explained the objects of the last two expeditions he had undertaken. The first of these objects was to maintain and establish Canadian sovereignty by making R.C.M.P. posts; other objects were to explore, protect game and improve the living conditions of the Eskimos, a step toward which will be the erection of the hospital.

The attendance at the annual meeting of the association was a matter for congratulation, said President W. G. McGeorge, in his opening address. He dwelt, in opening, upon the condition of depression existing at present, but sounded an optimistic note in referring to the great natural wealth waiting development to bring prosperity to the country.

No one, he continued, was better equipped to bring prosperity to the country, by developing its potentialities, than surveyors and engineers, he said. He counselled men of this profession to enter public life to a greater extent.

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